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Milwaukee County Behavioral Health Division SAIL	Date Revised 9/20/2011	Subject: Recovery Coordination/Case Management		

1. POLICY:

Recovery support coordination is a strength-based case management model that provides the framework for an individualized plan of care to be developed for each participant. The purpose of Recovery Support Coordination is to assist clients to establish their own path to recovery and ensure the client's wellbeing beyond the provision of formal services. It is the expectation of the Behavioral Health Division (BHD) that the Recovery Support Coordinator (RSC)/ Case Manager (CM) will promptly undertake care coordination responsibilities so that the client's recovery needs will be met in a timely manner. The RSC/CM will coordinate service planning and delivery, as well as help the client to access services.

2. PROCEDURE:

A. Qualifications:

1. RSC/CM must possess at least a B.A. or B.S. degree in Social Work, Psychology, Nursing, or a related field with experience in human services, preferably case management.
2. The Recovery Support Agency will complete a Caregiver Background Check on all potential employees in adherence to Milwaukee County Resolution requiring Background Checks, HFS 12, Wis. Admin. Code *State of Wisconsin Caregiver Laws* and in compliance with BHD Community Services Branch Policy and Procedure, Provider Responsibilities and Guidelines (Policy Number QA-1)
3. The Agency will maintain an employee file to include: resume, proof of qualifications (i.e. copy of degree and major course of study), complete Background Check, a copy of valid driver's license as verified through completion of a driver's abstract, and proof of auto insurance. BHD maintains the right to periodically audit agencies to ensure full adherence.
4. The Agency will notify SAIL when a new RSC/CM is hired by providing the name and date of hire, as well as verification of the above stated qualifications. The Agency shall request CMHC access for each RSC via the BHD Community Services Branch Webpage, <http://county.milwaukee.gov/SAILAODA8063/computer-Login-Request-and-Agr.htm> (Information Systems Requirements Policy and Procedure QA-7).

B. Duties & Responsibilities:

Two levels of services will be utilized to meet the varying needs of clients: Recovery Support Coordination and Case Management.

1. Recovery Support Coordination

Recovery Support Coordination will be provided to clients who present with the highest degree of risk and need for coordination or are eligible for services under special grants or projects.

- Recovery Support Coordinator- Individual (RSC-I): The RSC-I is responsible to assist the adult participant and will maintain a caseload of 20 clients.

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- Recovery Support Coordinator- Family (RSC-F); The RSC-F is responsible to assist the adult participant and their family and will maintain a caseload of 15 families.

2. Recovery Support Coordinators will:

- Provide recovery support coordination services to each client throughout the duration of enrollment in BHD AODA Services so long as said level of care is indicated;
- Refer individuals with less intensive needs to Case Management or discharge from RSC services;
- Make contact with a referred client within 24 hours of notification by the Central Intake Unit (CIU) and immediately if the client has emergent needs;
- Make every reasonable effort to locate clients who have been referred by the CIU for Recovery Support Coordination, and who do not keep their initial or subsequent appointments with the RSC or other identified provider;
- Routinely update client contact information in BHD Management Information System (MIS);
- Develop a preliminary Single Coordinated Care Plan (SCCP) with the client, based on the comprehensive screening conducted by the BHD CIU, to address the most immediate needs;
- Assist the client to develop a Recovery Support Team (RST) within two weeks of enrollment consisting of both formal and informal/natural supports. Formal supports should include representatives from each system in which the client and/or family are involved (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.). Informal/natural supports should include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve his/her goals;
- Have contact with client at least weekly and conduct RST meetings monthly;
- Further develop the SCCP together with the client and the RST, within 30 days of enrollment.
- Submit the preliminary and subsequent versions of the SCCP to BHD as part of the Service Authorization Request (SAR) process for continued care and/or additional services;
- Assist the client to choose services consistent with the SCCP and providers of those services in a manner that ensures informed client choice (see attachment);
- Assist the client in accessing recovery support (RSS) and treatment services by utilizing the RSC RSS Referral Form (see attached);
- Develop, with the help of the RST, a plan that identifies sources (in addition to BHD) to pay for services and document the plan in the SCCP. The RSC is expected to maximize the use of low/no-cost community support/resources to the extent possible and appropriate, as well as maximize the procurement of other (non-BHD) billable sources (e.g., Medicare or Medicaid) that fund services they provide to clients;
- Monitor and update the SCCP as needed to assure adherence to the SCCP. Facilitate coordination to address problems and barriers that arise;
- Review the SCCP a minimum of every 30 days and amend as the client's needs change or emerge;

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- Monitor to assure that service authorizations are current. Request extensions of and additional service authorizations from BHD as indicated by up-to-date patient placement criteria (provided by the clinical treatment provider) and the SCCP;
- Monitor the provision of services by agencies as called for in the SCCP;
- Provide case management services as required, including:
 - i. Coordinate medical appointments and medical inquiries
 - ii. Coordinate social services (DSS, SSA, foster care, payee)
 - iii. Coordinate independent housing search
 - iv. Coordinate legal advocacy (probation/parole officer, attorney, courts)
 - v. Coordinate benefits
 - vi. Attend appointments and court hearings with clients as necessary
 - vii. Troubleshoot and intervene as appropriate to make sure clients get to their treatment and other appointments, etc;
- Provide or arrange for public, agency, or other transportation, as needed, to enable clients to attend recovery-related appointments, meetings, court hearings, etc.;
- Provide 24-hour, 7-day-a-week crisis access to their assigned clients;
- Document in the BHD MIS client record all services provided (refer to P&P 8.4);
- Complete the required outcome data collection instruments for those clients in particular sub-groups for which the CIU and/or RCU agency does not perform this function. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Division of Mental health and Substance Abuse Services (DMHSAS);
- Complete the required outcome data collection for discharge;
- Administer a client satisfaction instrument as requested by BHD;
- Assure compliance with program completion measurement protocols for each client;
- Attend all trainings and meetings as mandated by BHD;
- For agencies working with the target criminal justice re-entry population: Collaborate with the parole agent and other providers/stakeholders to establish and implement a transition SCCP plan, prior to the client's release to the community. The responsibility of the RSC will be to attend pre-release case planning meetings to discuss how to develop and implement a transition plan; i.e. by assuring that providers have been identified for each service and that initial appointments have been made.

3. Case Management

Case Management will be provided to clients who present with a need for light care coordination to ensure that the client remains engaged in the treatment process and/or to obtain necessary data collection.

- The Case Manager is responsible to assist the adult participant and will maintain a caseload of 50 clients.

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4. The Case Manager will:

- Provide case management services to each client throughout the duration of enrollment in BHD AODA Services so long as said level of care is indicated;
- Make contact with a referred client within 24 hours of referral for Case Management services;
- Make every reasonable effort to locate clients who have been referred for Case Management services, but who do not keep their initial or subsequent appointments with the Case Manager or other identified provider;
- Make bi-weekly phone contact with each client;
- RST meeting should be held at discharge and at least once every 90 days until discharge;
- Routinely update client contact information in the BHD MIS;
- Monitor to ensure that service authorizations are current (i.e. clinical services, RSS, RSC, CM, etc.) and clients are utilizing services;
- Request extensions or new service authorizations from BHD as indicated by up-to-date patient placement criteria provided by the clinical treatment provider, information obtained from the RST meetings and RSS Tool;
- Provide light case management services as required, including:
 - Coordination of medical appointments
 - Coordination of social services
 - Coordination of housing provisions
 - Coordination of legal advocacy
 - Benefits advocacy
 - Troubleshooting and intervention to ensure individuals get to treatment and other necessary appointments
 - Coordination of transportation needs
- Provide 24-hour, 7-day-a-week crisis access to assigned clients;
- Document in the BHD MIS client record all services provided (refer to P&P 8.4);
 - Complete the required outcome data collection instruments for those clients in particular sub-groups for which the CIU and/or RCU agency does not perform this function. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Division of Mental health and Substance Abuse Services (DMHSAS);
- Complete the required outcome data collection for discharge;
- Administer a client satisfaction instrument as requested by BHD;
- Assure compliance with program completion measurement protocols for each client;
- Attend all trainings and meetings as mandated by BHD.

C. Roles & Process

1. When the RSC/CM receives a referral from the Central Intake Unit (CIU):

If the CIU has identified any emergency needs, the RSC/CM will:

- Respond and contact the CIU and the consumer within 30 minutes.
- The RSC/CM will review intake screen results, confirm any emergency needs with the client, assist the client in identifying Recovery Support Service (RSS) providers to meet those emergency needs (using RSS Tool), refer the client to those providers,

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and complete a preliminary Single Coordinated Care Plan (SCCP) which will include a Safety/Crisis Plan that utilizes the client's strengths and natural supports.

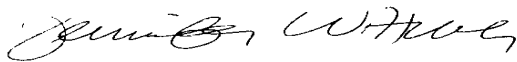
- The RSC/CM will complete Service Authorization Requests (SARs) for any services needed. The RSC will send the SARs and a copy of the Preliminary SCCP to BHD.
- Recovery Support Agencies will maintain a discretionary fund for paying for those services that must be purchased sooner than a check can be issued (3 business days). The Agency will pay for those needed services and submit a SAR to BHD for reimbursement.
- The RSC/CM will identify the Recovery Support Team (RST) and meet with the client and RST to identify non-emergency needs and develop a final SCCP. All SCCPs will include a written Safety/Crisis Plan that utilizes the client's strengths and natural supports.

If the CIU has not identified any emergency needs, CIU staff will fax the consent forms to the Recovery Support Coordination Agency. The Recovery Support Coordination Team Supervisor will review the comprehensive screen information available in BHD MIS and assign a RSC/CM within 1 business day.

The RSC/CM will:

- Contact the client within 24 hours to begin identifying the RST and developing the SCCP (See Policy 8.4 regarding Single Coordinated Care Plans).
- Contact the treatment provider and inform them that he/she is the assigned RSC/CM and provide contact information.

APPROVED BY:



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